STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					E SURVEY MPLETED	
		A. BOILDING.				
FCL034096			B. WING	<u> </u>	02/0	4/2016
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
HINES G	OOD SAMARITAN HO)MF	GREENSBO I-SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	Report by Suzanna	Fay				
	Survey on February 1:44 PM at the aborecords indicate the June 6, 2012 as a F ambulatory Resider respond without an during a fire or othe information we are compliance with the 10A NCAC 13G for 2009 North Carolina Section 421.2 - Res At the time of our v	n Section conducted a Biennial y 4, 2016 from 12:30 PM to ve referenced facility. DHSR is home was first licensed on Family Care Home for six ints (able to evacuate and y physical or verbal assistance for emergency.) Based on this requiring the home to maintain in following: the 2005 Rules Family Care Homes and the a State Building Code - sidential Care Homes.				
C 110	SECTION .0300 - 1 10A NCAC 13G .03 CONSTRUCTION	THE BUILDING 802 DESIGN AND and the attic shall not to be	C 110			
	in the attic. Items in lamps, walkers and be stored in the atti	et as evidenced by: vealed numerous items stored ncluded pictures, mattresses, I other items. Items are not to c. Remove the items. Items of the corrections in the				
C 117	Have Current San.	And Fire Safety Approvals	C 117			

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		FCL034096	B. WING		02/0	4/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HINES G	OOD SAMARITAN HO	ME	GREENSBO SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 117	fire and building sat shall be maintained review. This Rule is not me 1. Review of record not have the curren Provide a copy of the	HE BUILDING DESIGN AND I have current sanitation and sety inspection reports which in the home and available for et as evidenced by: Its revealed that the facility did to the fire Inspection on site. The current Fire Inspection instruction Section with your	C 117			
C 135	residents. This Rule is not me 1. Observations re not have a hand gri mechanically faster Provide documenta	THE BUILDING 09 BATHROOM Ill be installed at all Ind showers used by the	C 135			
C 147	SECTION .0300 - T 10A NCAC 13G .03 AND EXITS (d) All exit door loo by a single hand mo times without keys.	Exits-Single Hand Motion THE BUILDING 12 OUTSIDE ENTRANCE Exists shall be easily operable, otion, from the inside at all Existing deadbolts or turn e of exit doors shall be	C 147			

Division of Health Service Regulation

STATE FORM SJWM21 If continuation sheet 2 of 7

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					K3) DATE SURVEY COMPLETED	
		FCL034096	B. WING		02/0	4/2016
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
HINES G	OOD SAMARITAN HO)M⊢	GREENSBO I-SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
C 147	Continued From pa	ge 2	C 147			
	removed or disable	d.				
	the living room exit qualified technician latch. Provide docu	et as evidenced by: vealed that the storm door at had a thumb latch. Have a remove or disable the thumb umentation of the corrections bs, receipts or work orders.				
C 148	Outside Entrances/	Exits-Free of Obstructions	C 148			
	AND EXITS (e) All entrances/e obstructions or imp	THE BUILDING 212 OUTSIDE ENTRANCE exits shall be free of all ediments to allow for full of fire or other emergency.				
	windows had safety exiting in the case of qualified technician catches so that the clear without obstru	vealed that the bedroom vealed that the bedroom veatches that could deter of an emergency. Have a remove or disable the safety windows will open free and actions. Provide the corrections in the form of				
C 152	Floors		C 152			
	smooth, non-skid m to be easily cleanab (b) Scatter or thro	amily care home shall be of naterial and so constructed as oble. w rugs shall not be used. be kept in good repair.				

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AND DI AN OF CODDECTION IN IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
	FCL034096				02/04/2016	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HINES G	OOD SAMARITAN HO)M ⊢	GREENSBO			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE				.D BE	(X5) COMPLETE DATE
C 152	1. Observations re was puckering. Ha the floor to avoid a documentation of th photos, receipts or 2. Observations re Bedroom #1 had tw border of the room tiles were not even edges. Many of the the edges were dar technician repair or documentation of th photos, receipts or	vealed that the kitchen floor ve a qualified technician repair tripping hazard. Provide he corrections in the form of work orders. vealed that the floor in to types of finishes. The had stick down vinyl tiles. The and had gaps between the etiles were delaminating and maged. Have a qualified replace the floor. Provide he corrections in the form of work orders.	C 152			
C 169	DISASTER PLAN (b) The building state detectors as require Building Code and connected to a ded located in the attical detectors shall be in provided with batter Note: Smoke detecting the Rule permits the interconnected by the Rule permits the interconnected with not require it. This Rule is not med 1. Observations redetector in the attice.	THE BUILDING 116 FIRE SAFETY AND nall be provided with smoke led by the North Carolina State U.L. listed heat detectors icated sounding device and basement. These interconnected and be ry backup. Itors are required to be his Rule. The application of the heat detectors to be smoke detectors, but does	C 169			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01		TE SURVEY MPLETED	
		A. BOILDING. 01				
FCL034096			B. WING		02/0	4/2016
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
HINES G	OOD SAMARITAN HO)MF	GREENSBO SALEM, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
C 169	the battery. It has be temperatures can esummer months can activate and creating alarm becomes an technician replace to higher range heat do sounding device so smoke detectors are fire occur in the attitute corrections in the work orders.	ge 4 ting a low battery. Replace been determined that the attic exceed 135 degrees in the using the heat detectors to a nuisance alarms. If the uisance, have a qualified the heat detector with a 190 or letector that has a separate that it does not set off the ad could be identified should a c. Provide documentation of the form of photos, receipts or	C 169			
	EQUIPMENT (a) The building armechanical, and plucare home shall be operating condition (j) This Rule shall family care homes. This Rule is not med. Observations refacility is in poor compatches and is buckedge of the roof owe deteriorated with both Several of the shing moisture to enter if sagging at the internall bath and the gual qualified techniciar of and make the	and all fire safety, electrical, umbing equipment in a family maintained in a safe and apply to new and existing				

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STATE FORM SJWM21 If continuation sheet 5 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: (CONSTRUCTION 01		E SURVEY PLETED	
		FCL034096	B. WING		02/	04/2016
	PROVIDER OR SUPPLIER	3200 OLD	DRESS, CITY, ST GREENSBO I-SALEM, NC	RO ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
C 174	form of photos, recomplete left side of the foff of the face of the foff of the face of the technician repair the provide documentation of photos, recomplete left and siding. Provide corrections in the form of side and siding. Provide corrections in the form of side and siding. Provide corrections in the form of side and siding and siding are the back right corrections in the form of side. Observations refused in the form of the side. Have a qualified person refused in the form of photos. 6. Observations refused in the form of photos. 6. Observations refused person re	eipts or work orders. vealed that the fascia board at ront porch is rotted and falling e porch roof. Have a qualified e damaged porch roof. tion of the corrections in the eipts or work orders. vealed that the right side of is sagging and the sheathing he bottom edge of the siding. Chnician repair the porch roof e documentation of the orm of photos, receipts or work orders. vealed that the downspout at the roof the house has become eturn. Have a qualified the downspout. Provide the corrections in the form of work orders. vealed that a section of siding dormer window on the right ited technician replace the cumentation of the corrections is, receipts or work orders. vealed that the exterior glass living room window. Have a pair the window. Provide the corrections in the form of the corrections in the form of the corrections in the form of	C 174			

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3200 OLD GREENSBORO ROAD WINSTON-SALEM, NC 27101 (XA) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE C 174 Continued From page 6 corrections in the form of receipts or work orders. 8. Observations revealed that the electric panel was not completely labeled. Have a qualified technician identify and label the breakers. Provide documentation of the corrections in the form of photos, receipts or work orders. 9. Observations revealed that the light cover was missing in the bathroom off of bedroom #3. Replace the cover. Provide documentation of the corrections in the form of photos or receipts.	AND DUAN OF CODDECTION INTERCATION NUMBER:		(X2) MULTIPL A. BUILDING:	LE CONSTRUCTION 101	(X3) DATE COMP	SURVEY LETED	
HINES GOOD SAMARITAN HOME 3200 OLD GREENSBORO ROAD WINSTON-SALEM, NC 27101 Continued From page 6 corrections in the form of receipts or work orders. Continued technician identify and label the breakers. Provide documentation of the corrections in the bathroom off of bedroom #3. Replace the cover. Provide documentation of the correction of the corrections in the form of photos, receipts or work orders. Provide documentation of the corrections in the form of photos, receipts or work orders. Provide documentation of the corrections in the form of photos, receipts or work orders. Provide documentation of the corrections in the form of photos, receipts or work orders. Provide documentation of the corrections in the form of photos, receipts or work orders. Provide documentation of the corrections in the form of photos, receipts or work orders. Provide documentation of the corrections in the form of photos, receipts or work orders. Provide documentation of the corrections in the form of photos, receipts or work orders. Provide documentation of the corrections in the form of photos, receipts or work orders. Provide documentation of the corrections in the form of photos, receipts or work orders. Provide documentation of the corrections in the form of photos, receipts or work orders. Provide documentation of the corrections in the form of photos, receipts or work orders. Provide documentation of the corrections in the form of photos, receipts or work orders. Provide documentation of the corrections in the form of photos, receipts or work orders. Provide documentation of the corrections in the form of photos orders. Provide documentation of the corrections in the form of photos orders. Provide documentation of the corrections in the form of photos orders. Provide documentation of the corrections in the form of photos orders. Provide do			FCL034096	B. WING		02/0	4/2016
C 174 C C C C C C C C C	NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE		
PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) C 174 Continued From page 6 corrections in the form of receipts or work orders. 8. Observations revealed that the electric panel was not completely labeled. Have a qualified technician identify and label the breakers. Provide documentation of the corrections in the form of photos, receipts or work orders. 9. Observations revealed that the light cover was missing in the bathroom off of bedroom #3. Replace the cover. Provide documentation of the	HINES (GOOD SAMARITAN HO)IVI I				
corrections in the form of receipts or work orders. 8. Observations revealed that the electric panel was not completely labeled. Have a qualified technician identify and label the breakers. Provide documentation of the corrections in the form of photos, receipts or work orders. 9. Observations revealed that the light cover was missing in the bathroom off of bedroom #3. Replace the cover. Provide documentation of the	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE
	C 174	corrections in the forms. 8. Observations rewas not completely technician identify a Provide documentation of photos, recompletely. 9. Observations remissing in the bath Replace the cover.	vealed that the electric panel labeled. Have a qualified and label the breakers. It attends or work orders. vealed that the light cover was room off of bedroom #3. Provide documentation of the	C 174			

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Division of Health Service Regulation STATE FORM